

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 01/26/04  
Application Type:: Continuation  
Subject Matter:: Utility  
Title:: COATED STENT WITH ULTRASOUND  
THERAPY  
Attorney Docket Number:: 017148-003630US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 7  
Small Entity?: Yes  
Petition included?: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: AXEL  
Middle Name:: F.  
Family Name:: BRISKEN  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Street of Mailing Address:: 764 Boar Circle  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROBERT  
Family Name:: ZUK  
City of Residence:: Atherton  
State or Province of Residence:: CA  
Street of Mailing Address:: 2 Heather Drive  
City of Mailing Address:: Atherton  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94027

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JOHN  
Family Name:: McKENZIE  
City of Residence:: San Carlos  
State or Province of Residence:: CA  
Street of Mailing Address:: 1742 Eaton Avenue  
City of Mailing Address:: San Carlos  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94070

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/908,487	07/17/01
09/908,487	An Appn claiming	60/218,918	07/17/00
	benefit under 35 USC		
	119(e) of		

**Assignee Information**

Assignee Name::	Pharmasonics, Inc.
Street of mailing address::	1024 Morse Avenue
City of mailing address::	Sunnyvale
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94089